



Friday Night [under the] Lights

2014

Happy Friday.

I hope everyone had a great week. I know many of you battled some pretty nasty winter weather this past week. It's interesting though we have chosen a profession that seems to thrive on changes in conditions that require our help. If you're a care provider in one of those locations that saw significant snow and ice, I'm betting your work week was actually more rewarding this week than usual.

Why?

Because we like to solve other people's problems. Our professional motivation is quite often powered by the amount of need our patients have for our care. It's like the performer who's driven by the applause and/or laughter of their audience. It fuels their desire to excel.

By the way – notice anything odd about my discussion tonight?

You already know I'm not the world's best speller. We've been through that before.

But as you read the beginning of tonight's discussion, did you pause for a moment and ask yourself what I was thinking? How could I send out something with such bad grammar – so many misspelled words and maybe even a dangling participle?

Seriously. Chances are, at some point during your read, you stopped following what I was trying to say and you started asking yourself how I could be so clueless to not spellcheck my document or make sure the message I was trying to send was presented in an acceptable fashion.

Instead of thinking about how cool it was that we like to care for people when the times get rough, you were asking yourself if I had decided that a couple of beers could make FNUl a little more enjoyable (for both of us..). I wasn't paying attention to you – your needs – what YOU would think about tonight's discussion.

I changed your *perception*. In this particular case, not for the better I might add.

How does such a seemingly simple little thing like spelling change the whole message I wanted to send?

Listen to what I mean. Not what I say.

I have always been fascinated with the power of perception in medicine. What our patients think of us impacts how compliant they may be with our examination or our therapeutic interventions. Perceptions impact people's trust (or not) that we will care for them the best way we know how. Perceptions play a critical role in how patients and their families remember an emergency care experience they had.

I'm not telling you anything you don't already know. Chances are you've chosen your car based on your perceptions of how it will perform or how it will meet your budgetary needs or (most likely) how you look in it and what others will think when they see you driving it (did you know Jeff McCollom drives a light green Ford Pinto?). You didn't choose it because it's exactly like the one you had before so you KNOW it's perfect.

You choose Home Depot over Lowes (or vice versa) based on which one you perceive gives you the best overall product and service. Or how the store "feels".

Stores pipe in fragrances that make the shopping experience seem more relaxing and inviting (I'm not kidding – take in a deep breath next time you're in Macys).

Several years ago, I was out on a scene and looked down at the branding on the ambulance...

Here's what I saw (this is the actual pic).



Medical Attack Vehicle? *Really?* Are you kidding me?

Then it struck me. Genius on the part of Wheeled Coach. They wanted to send the message to the purchasers (their customers) that their product was the perfect mix of medicine and public safety. "Medical Attack Vehicle" conveys strong, mobile, durable and clinical – all in one. I'm guessing it's why there aren't many ambulances branded "Kitten Soft Secretion Vat" ...

Wheeled Coach wants you to perceive that they know our profession really, really well. They want to let you know that they understand the unique nature of field medicine. They want to *manage your perception* in their favor.

Like car dealers. Like Home Depot, Lowes and Macys.

Like Hospitals that show you happy patients on Billboards (I'd be happy too if you just took out my necrotic gallbladder).

Like how much bigger the tip is if you perceive the service as really attentive and excellent.

Like the clothes you picked out today (ever worn a dress or a tie or a particular shirt because you want to send a specific message - power tie, LBD, casually chic?).

Does wearing glasses make you look smarter? (for the record, it hasn't worked very well for me).



Perception is a fascinating human trait. By definition, perception is:

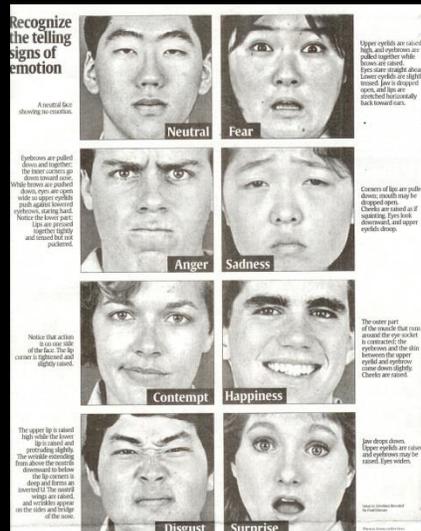
1. Process, act or faculty of becoming aware directly through any of the senses, especially sight or hearing.
2. Recognition and interpretation of sensory stimuli based chiefly on memory.

Perception varies from person to person based (as above) on recognition and interpretation of sensory stimuli... What I find funny, you may see as offensive. I may see an old lady in this picture, but you see a young girl (and we're both looking at the same picture):



We have such a tremendous opportunity to impact perception with not only our patients, but our friends and colleagues. Even our facial expressions send a message.

Check this out:



This is from an article that talks about how certain facial expressions send messages (whether we are aware of it or not). Remember the “listen to what I mean, not what I say”?

So... What’s the point here?

The point is this. Our patients expect we will do everything we can to solve their problem and take care of them in a compassionate, caring, sincere way. Do we? *Do you?* Every time or *almost always*? If almost always, who do choose to not influence positively?

Which facial expression do you first meet a patient with? How’s your eye contact? How do they perceive you know what you’re doing (Medical Attack Vehicle)? How complete is your work? How pristine is your documentation (like mine in the beginning of tonight’s FNuL)?

I would suggest that all of us need to pay close attention to how we are perceived and recognize each other when we see the powerful positive (or horrendous negatives). Remember, I may see the old lady & you see the young girl.

We have chosen a profession that requires us to be caring and our patients want us to be compassionate. That means we have to be perceived as such, right? It doesn’t work to say “he’s really a good provider, he’s just a little crusty”.

Not at all. People read perceptions better than they hear words. Thankyouverymuchhaveaniceday...

How we are perceived is our personal signature. When we see some people coming down the hall, we cringe. Others, we perk up. Which do you want to be?

So, I'd suggest to you that there are several things we encounter in our unique practice where perception is critical.

What do you think? Here are a few I think are really important.

- We should greet every patient with a sense of self confidence
- We should try and call everyone by their name – people like that. If you don't know it, ask. It personalizes the encounter and sends a message that they aren't "the broken arm" (now once you touch said broken arm, that will become their focus as well whether you know their name or not)
- Dress clean. Dress professional. Don't let your attire distract your patient like my spelling did. I used to think only old fuddy-duddys talked about dressing clean (no comments). It truly does make a huge difference. More importantly, I guess, is dressing sloppy sends a powerful yucko message...
- Wave to the public when you're in your ambulance. They pay you, by the way. We work for them. Friendly is what they think we SHOULD be. Let's do it.
- Thank people often. If they do something nice or well, let them know – just like you'd want to know.
- ...and this one comes from our colleagues at the Studer Group - When you are finishing with a patient, take a moment and ask them if they have any questions... And follow that with ..."because I have the time". Change their perception from he/she is too busy to ask a question to an open door to tap into your expertise.

Managing how you are perceived is a powerful tool every one of us has and one that can make a significant impact on your patients, professional life and, in very rare cases reported in the literature, your marriage or relationship...

Announcing the 2014 STARS of AMR

American Medical Response is proud to announce the 2014 Stars of Life honorees. Each year, AMR recognizes our best and brightest for their dedication to AMR, our patients and the communities we serve. AMR's 17 caregivers will be honored in Washington, D.C. at the American Ambulance Association's annual Stars of Life event scheduled for March 23-26.

These folks were all selected by peer nomination and leadership review. They have pretty phenomenal stories and are among the thousands of individuals that have made the EMS mission their passion.

Hats off to the 2014 winners...

WEST REGION

Dale Montgomery – Portland, OR

Susan Zeigler – Pierre, SD

Chris Brown – Riverside, CA

Michael Marsh – Burlingame, CA

SOUTH REGION

Leslie Reindollar – Pueblo, CO
Nicholas Long – Wichita Falls, TX
Jonathan Blackwell – Jackson, MS
Anthony Ratto – Las Vegas, NV
Eva Becklehimer – Jackson, MS

EAST REGION

Dallas Arenas – Washington, DC
John Gosford – Washington, DC
Salvatore DeLucia – New Haven, CT
William Warsing – St. Louis, MO

Air Program & EMSA

Anthony Yarnal – Englewood, CO
Melissa Hudson – Tulsa, OK (EMSA/AMR Eastern Division)
Melody Spruill – Oklahoma City, OK (EMSA/AMR Western Division)

GLOBAL MEDICAL RESPONSE

Deonarine Balliram – Trinidad & Tobago

MIHP goes to class (aren't you glad I'm not in the headline business?)

An historic event took place this week in Dallas (besides low temperatures).

Our Envision Healthcare family officially rolled out the Envision Mobile Integrated Healthcare Provider (MIHP) Curriculum on Tuesday & Wednesday. The curriculum was the result of significant effort by Scott Bourn, Alan Craig, Eric Beck and Lynn White with input from Jeff Beeson, Dave Tan & Jeff Goodloe.

What makes it fairly historic is the fact that the initial audience (essentially, practitioners with MIHP experience who could help critique the program) consisted of physicians, nurses, therapists, medics and communications specialists. A truly interprofessional team.

The curriculum is the basis for our Envision MIHP initiative and will be provided to targeted individuals who practice in our rapidly expanding MIHP programs.

The focus of MIHP in our organization is the integration of practitioners from different specialties all working together in a mobile environment to improve patient care, enhance patient experience and decrease costs (sound familiar).

In essence, it's "familiar faces" doing things in a totally different way...

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integrated healthcare*

- Comprehensive suite of transitional care services with proven outcomes
- 24/7 planned and unplanned hands-on care
- Dedicated interprofessional care teams
- Medical command center
- National presence
- Enhanced patient experiences
- Lowers healthcare spend



Yet another fascinating chapter in the life of Lynn White...

Not a day goes by, it seems, that I don't learn of yet another paper our own Lynn White (National Director of Resuscitation & Accountable Care) has published at some point in her impressive career.

So, this week we were talking about geriatric patients and lo & behold...



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**Selected Topics:
Prehospital Care**

**THE GERIATRIC OBSTACLE COURSE:
A TRAINING SESSION DESIGNED TO HELP PREHOSPITAL PERSONNEL
RECOGNIZE GERIATRIC STEREOTYPES AND MISCONCEPTIONS**

Felice I. Fleisher, MD,* Lynn J. White, MS,* M. Jo McMullen, MD, FACEP,*† and Rita Chambers, NREMT-P‡

*Department of Emergency Medicine, Akron General Medical Center, Akron, Ohio

†Fairlawn Fire Department, Emergency Medical Services, Fairlawn, Ohio

‡Akron Fire Department, Emergency Medical Services, Akron, Ohio

Reprint Address: Lynn White, ms, Department of Emergency Medicine, Akron General Medical Center,
400 Wabash Avenue, Akron, OH 44307

Lest you be worried, while the title implies Lynn & her colleagues took the elderly through a whitewater rafting / ropes course, this was actually simulation for EMTs to experience the challenges of aging (decreased mobility, Vaseline covered glasses, full bladder with no option to easily move to the bathroom, etc).

A very creative way to demonstrate the significant challenges experienced by the older population...

AMR Edufact (made up word):

AMR practitioners completed 160,739 individual online courses in SuccessFactors last year. That's 9.7 courses per provider, or one every 3.3 minutes...

As you are probably aware, there is a significant demand for distance-based, online education in the EMS profession. I think you're going to really like what's coming up in the next few years. Our goal is to not only provide evidence-based content, but to continue to evolve different delivery methods (including use of social media, gaming, etc) that improve retention and enhances interest.

Life's little oddities:

- I support health screening and wellness exams.
- I support using social media to send the message broadly about the importance of wellness exams.
- I support my wife.
- I'm not sure exactly how I feel about combining all 3...



Epilogue...

Scott Bourn's wife accompanied him to the doctor last week. After examining him, the doctor came out & said "I don't like the way he looks".

"Neither do I" she said. "But he's handy around the house".

Well, that's it from my world. *Happy Friday everyone.* As allways, thangks for what yu do and how you do it... And rememberd to pay attention to perception. It reelie does make a difERENCE.

Ed

Edward M. Racht, MD
Chief Medical Officer
AMR / Evolution Health
ed.racht@emsc.net